

Leana Wen:

We are really all in this together. If it's anything that has pandemic has shown us, it's that we go through the hard times together and the impact of risky behaviors together, but it's also up to all of us to get our economy back and to helping all of us and our families to stay safe.

Ellen Kelsay:

That's Dr. Leana Wen, emergency physician and visiting professor of health policy and management at George Washington University's School of Public Health. An expert in public health preparedness, Dr. Wen is a contributing columnist for *The Washington Post*, a CNN medical analyst, and a senior advisor for Avalere Health. She previously served as Baltimore's health commissioner and is the author of the book, *When Doctors Don't Listen*. Dr. Wen has been one of *Modern Healthcare's* Top 50 Physician Executives and *Time* magazine's 100 Most Influential People.

I'm Ellen Kelsay, and this is a Business Group on Health podcast, conversations with experts about the most important health and well-being issues facing employers today. On today's episode, Dr. Wen and I discuss heading back to the office, including how and when it can happen.

Dr. Wen, thank you so much for joining me in this conversation today.

Leana Wen:

Of course. Thank you very much for having me on with you.

Ellen Kelsay:

Well, we're delighted you could make the time. We know how busy you are and there's just so much that seems to develop every day on these topics. We're just delighted to share you and your expertise with our audience and let's get right into it. There's some good news. We see that cases and hospitalizations seem to be falling and seem to have been falling consistently now for a number of weeks. Is that a result of more people getting vaccinated? Are there other factors that you would attribute to that?

Leana Wen:

It's a great question. I do think that there is good news at long last and that we should celebrate it, but we should also be clear about the reasons for why and also look forward to see what the barriers might be. The good news is that we are seeing a pretty precipitous decline in the number of new infections. We're finally seeing our hospitals, after having gone through such difficult times, finally the hospitalization numbers are also dropping and we expect to see death numbers dropping after that because death's are a lagging indicator. This is almost certainly due to changes in people's behavior. We saw holiday surges that were associated with people getting together over Thanksgiving, Christmas, and New Years. We then saw restrictions being applied by policymakers and individuals changing their behaviors because of the catastrophic surges that we were seeing. Now, those numbers are dropping. I don't think it's because of vaccines. The vaccines, even though we now have about 50 million vaccinations that are done, that's still not nearly enough to make a difference when it comes to infection rates. I also worry that we're at a kind of a crossroads here, because as restrictions get lifted again, and multiple states, for example, have now lifted their mask mandates, and as people may be experiencing more pandemic fatigue or letting down their guard because of vaccinations getting rolled out, I do fear that we could be in for a more difficult season ahead as well.

Ellen Kelsay:

Some good news, but cautionary we've got to keep doing all the things that we'd been doing and continue to use common sense for the next many months to ensure that we don't see those cases and hospitalizations and deaths start to spike back up again. Is that right?

Leana Wen:

That's right. I do think that there is another major unknown factor here and that's of these emerging variants. We know, for example, that the variant B117 that originated from the UK is more contagious than the variants that we've had thus far. Something that's let's say 50% more contagious, it doesn't cause 50% more infections. It causes exponentially more infections, because the increase is exponential and not linear. We've seen in other countries that have had to have strict lockdowns and yet still experienced large surges in infections because of these variants. Remember that if something is even more contagious than we already have, which is a very contagious virus, that the activities that we thought once were pretty safe, are now not going to be safe anymore. Having these variants, I think, throws a big wrench into things because as we're trying to get our schools reopened, as we're trying to get businesses back, these variants could really throw all of our best plans into quite significant chaos here.

Ellen Kelsay:

Let's talk about that. We actually, as you know, solicit some questions in advance from our listenership and one of those questions was about these variants and the impediments of the variants on us achieving immunity or recovery on a global scale. I think there is still just a lot of question marks around the variants and there are many of them, that it's not just one variant, there are multiple variants now. When do you think we'll have a better handle on truly the effect of the variants and mitigating measures and steps that we can all be taking? Should we be taking perhaps additional measures that we haven't yet even contemplated, as an example?

Leana Wen:

The variants are a combination of mutations and so they have not significantly altered the nature of the virus. What I mean is that this is still a respiratory virus that's transmitted from person to person. Direct contact is the primary route. It could also be transmitted through aerosols, surfaces play a lesser role, and the variants don't change that dynamic. It's not that we need different measures, it's that we have to be vigilant about doubling down on the measures that we do have. I think there are several other things that we need to keep in mind as well. If you have more contagious variants become dominant, it means that we probably will need a higher percentage of people getting vaccinated to reach herd immunity. That's one element that is already going to be even more challenging.

The other thing you mentioned as well, is that it's not just one variant. We also have the variants originated out of South Africa and Brazil, the B1351 and P1, that may have something else that's more concerning, which is that reinfection could occur with these variants. Meaning that if you got infected before with coronavirus, but now you're exposed to these particular variants, you could be reinfected. Also these variants, there's some evidence that they may be less susceptible to the vaccines that we have developed. Already the pharmaceutical companies are looking into booster shots that specifically target these variants. It may turn into a situation where we're always having to play catch up. That is we get booster shots into people that address the variants we have, but new variants are developing and we're trying to play catch up with those variants too. I think that certainly also complicates matters. As to when we might know more, it's a matter of two things. It's a matter of the science, of course, and how quickly we can get the science down. It's also a question of how quickly we can control spread. The best way to reduce these variants is to reduce transmission, because when viruses spread from person to person and they replicate, that's when mutations occur.

Ellen Kelsay:

So lots there, lots to keep an eye on, and lots to remain diligent and vigilant about. Thank you for talking us through all of that. You had mentioned just a while ago about returning students to school and also returning the workforce back to their locations of work. I want to spend a lot of this conversation on the return-to-work aspects, but I do want to ask you about return to school. We know that not so long ago the CDC just issued some guidance on returning students safely to school. Please share your thoughts on that and the measures

that have been outlined and any other potential considerations that we as a society need to be mindful of as we think about getting children back into classrooms.

Leana Wen:

I'm a parent of two young children. I also used to oversee school health in Baltimore. I certainly understand and very much appreciate the necessity of in-person learning, especially for our younger children, children with special needs, those foremost vulnerable. I'm very concerned about the increase in educational disparities that may be occurring as a result of all of this. This is what we know about transmission within schools. We know that schools can be safe if the level of community transmission is low and if mitigation measures are put into place, specifically masking, physical distancing, improving ventilation, and so forth. We know that this can be done. The problem is that we do as a society, we have made choices that have made in-person learning much harder by keeping restaurants and bars open that has also led to an increase in the transmission of coronavirus in the community, that has made it therefore more challenging for our schools to stay open and remain open. I think we have some difficult decisions to be answered as a society. In the meantime, we have to focus on the science-based interventions that we know to work in getting our kids back.

Ellen Kelsay:

All of this is happening kind of concurrently. We've got the variants, the rush to get as many people vaccinated as possible, the sense of urgency to get kids back in school. So much that's happening concurrently and certainly all are interconnected and so very important upon one another. Certainly as employers think about their workforce, we have an array of workforces out there, many for whom they never left their jobs, they have stayed at the worksite because of the nature of their work. They might be first responders. They might be working in manufacturing. They might be working in health care settings. For them, they have really not seen a change in their place of work. At the other end of the spectrum, we have many who are traditionally office-based workers who are now working fully remote in a virtual environment and you've got any number of situations in between those two ends of the spectrums. I know many employers, but then also many employees out there, are wondering about returning to work. For those office workers who might currently be working in a virtual environment, when might they be asked to come back to the work site, when would it be safe for them to do that, and what precautions their employer really needs to have in place to ensure that it is equipped to handle employee concerns upon returning? What advice do you have for employers and employees about a safe return to work scenario?

Leana Wen:

Yes, there's a lot there and I'm so glad that we're able to address this because I think this must be top of mind for everyone, for employers as well as employees. One thing to keep in mind is this idea of additive risk and also additive risk reduction. Let's talk about additive risk reduction first. We know that all these measures that we talk about, masking, physical distancing, and so forth, they are additive. Wearing a mask alone is very protective and helps to reduce the spread of coronavirus, but it also helps to combine that with physical distancing. It also helps to combine that with avoiding indoor gatherings, trying to be outdoors as much as possible, increasing ventilation. All of these are strategies that together reduce risk as much as possible. There's one more, of course, that we have on top of that, that we have to add to this list of mitigation strategies, and that is the vaccine. The vaccines that we have are very effective. The Pfizer and Moderna vaccines are 95% effective. Very critically, all the vaccines that we have, including Johnson & Johnson, that is yet to be authorized, but based on the data that we've seen thus far, the key end point that I think we should really keep in mind is the end point of preventing severe disease. Ultimately, that's what we care about. We will not shut down work and school if the worst that happens to people is that they get a cold or at worst they get a mild case of the flu. We would go back to work. We would have society functioning again. If people still get the sniffles and a fever, but you can prevent people from getting ill enough that they're hospitalized or being on a ventilator or of course die and succumb to COVID-19.

The hope with these vaccines is that we get them out. If you get the vaccine and you continue with some of these other mitigation measures, we can essentially prevent all the severe cases of coronavirus, that would be

ideal. The problem with the vaccines though, is that we don't yet know whether getting the vaccine prevents you from being a carrier of coronavirus who could still transmit it to others. We also don't know the extent to which the vaccine prevents long-haul COVID and these long-term symptoms that people experience just by getting mild cases of coronavirus. I think there's still a lot unknown on the vaccine part, but I think that focusing for employers to really think about now what their vaccine strategy is going to be, are they going to be vaccinators themselves and even be a vaccine hub for families of employees, what will they be doing in the meantime. If somebody is getting vaccinated, what types of individuals really need to come back to work? In which case getting the vaccine, plus having these other measures, might be a way to get people back for in-person work. Also thinking about how this might evolve over time as even more people get vaccinated. At some point we might even develop micro-communities of herd immunity, meaning that you're not waiting for the entire world to achieve, let's say 80% of people vaccinated, but what happens if you have a workplace or a city or a community that's over 80% vaccinated, might you develop herd immunity in that situation and what is the responsibility of the employer in even mandating vaccinations at that point? I think that is going to be really critical to the return-to-work strategy. Thinking about the ethics, the legal components, also the logistics, if you're interested in being a vaccine or yourself, I think all of that is going to be a top of mind for considering any return-to-work strategy.

Ellen Kelsay:

You just mentioned so many factors there and it all seems so overwhelming. We know that there are many employers who employ thousands of employees, not only here in the United States, but also elsewhere around the world, and getting their arms around all those factors and then communicating with confidence to their employees about all that they are considering and doing is a monumental task. Do you have advice around communication and key messages that employers should be making sure that they are sharing with their workforce?

Leana Wen:

It's a great question and I would underscore what you just said that communication is key. In public health crisis communication, we always emphasize that you should tell people what you know, what you don't know, how plans are evolving, and what you need to know in order to find out what you know. What I mean specifically here is, if you're going to be rolling out let's say a vaccine strategy or if you're going to be explaining the importance of vaccination, first of all I would do that in an environment where vaccines are available or potentially soon to be available. There are many countries where the vaccines are nowhere available on the horizon, so perhaps addressing a vaccine strategy needs to be tailored to what the situation is like in that region where you're giving the advice. I certainly would communicate what we know about the vaccine and that again, it is really effective at the primary end point that we really care about in preventing severe disease and emphasizing that the vaccine is not a replacement for everything else. Right now, based on what we know about the vaccine, it is not an unconditional pass back to pre-pandemic life. Just because somebody has received the vaccine doesn't mean that they can now come back to work, take off their mask, go to a bar, do all kinds of travel, and go back to pre-pandemic life, because that person could still well be a carrier who can transmit coronavirus to other people and, of course, 90% effective is not 100% effective, so there is still the chance of getting ill themselves. Also, I think communicating what we know is going to be really important. When you communicate policies, communicate what might change as well, that this continues to be constantly evolving and constant reevaluation of the procedures and protocols is expected and actually is good because science is evolving and it's a good thing to have an employer that's always looking out for the health and safety and wellness of the employees and clients that you're serving as well. I think the constant reevaluation and going according to science will be things that are key to your message moving forward.

Ellen Kelsay:

You just mentioned something about the vaccine and for some, maybe they think that they have the all clear once they get a vaccine to resume all activities as if they had previously done before. I wanted to ask you about these vaccine passports. We're starting to hear about the notion of vaccine passports that could

potentially enable and facilitate people to travel, travel internationally. Do you see them playing a role in the workforce and vaccine passports to enable people to return back to the work site, as an example?

Leana Wen:

I do, actually. I would be very surprised if the concept of the vaccine passport does not take off even more in the coming months as more people get vaccinated. Right now there just aren't enough people who are vaccinated and fully vaccinated, by the way, I mean getting both doses of the Pfizer and the Moderna vaccine and then having at least 10 to 14 days after that would be when you're considered to have the maximum protection from the virus because of the vaccine. I think a lot of it still depends on the question of whether you are a carrier. Let's say that you're protected yourself from coronavirus, especially the severe effects, but you're living in a home potentially with other people. You probably would not want to be letting down your guard in general, because you could still be infected or infective. We don't know the answer to that yet, because even if you could theoretically carry coronavirus such that you test positive, it doesn't mean that you could potentially infect other people. We don't know the answer to whether you could be infected or infective just yet. I think that is a key question that remains to be answered. Even if you could potentially still infect others still, but let's say that it's a much-diminished risk, that still means that the vaccine passport is going to be so important. I can very much imagine let's say an airline or a cruise ship or something else where you're spending long periods of time with people in an enclosed environment, I could very well see those entities requiring vaccination, because frankly, a lot of people would be much more willing to get on these modes of transportation if they know that everybody else around them is vaccinated too.

I can certainly imagine that in the workplace as well, that people would feel a lot more comfortable if all of the employees around them are protected from severe effects of coronavirus and ideally also are not able to transmit coronavirus to others. Again, I think we're a bit a ways from actually being able to implement this, because right now access is such a main problem. You can't really mandate vaccinations when people literally have no way of getting the vaccine and we still have this outstanding question of whether you could be a carrier. Assuming that these issues are addressed pretty soon, I can very much see vaccine passports as a way back. That actually is not punitive. I could imagine some people saying requiring vaccines to come back to work may sound punitive, but if you make it a vaccine passport that gives you privileges to do things in society that you might otherwise not be able to, I could imagine that reward also being a major incentive that encourages people to get vaccinated.

Ellen Kelsay:

You touched on something there aligns really nicely with another listener question we got and it is a round the infected or infective notion that you just mentioned. Say, for instance, an individual has been vaccinated and six months from now they are back on the work site, do you envision a future state scenario where employers might still be doing workplace screening and testing for COVID-19 even of the vaccinated population to again ensure that there is no risk of transmission for the non-vaccinated workforce that's also there?

Leana Wen:

That's a really good question. It depends, is the short answer. You could have a situation where somebody tests positive, but is not able to transmit the virus to others. We don't know this yet, right? I want to emphasize again, we don't know if that's the case, but I could certainly imagine a case where what the vaccine does is that it suppresses the level of virus that would be with you if you were to get infected yourself. In theory, you could test positive, but not transmit the virus to others. In which case, having your workplace testing for people who are vaccinated would not make sense, because you could test positive, but it means nothing. On the other hand, it could also be that vaccinated people could become sick themselves and maybe they get such a low level of illness, but are still able to transmit it to others, in which case testing may still be important. I don't think we know the answer to this and I'll throw in another unknown as well, which is, could there be variants developing over time that may evade the ability of the vaccine to be effective? If somebody, let's say, were vaccinated six months ago, now there are new variants that are developing, could they still be a risk to others around them and even could there be some effect on them, too? Those are the questions that

we don't yet know. We don't also know the question of how long immunity to the virus lasts if you get it through natural infection or if you're vaccinated. We think that immunity will last at least three months, probably longer, but could you be reinfected, especially with a new variant?

We don't know these questions. I feel like I'm telling you a lot of we don't know, but I think that just really underscores why constant reevaluation is important. Of course, every employer needs to have existing return-to-work strategies and existing strategies for how to reduce risk for those who have to come back. I think that there will be many opportunities coming up about benchmarking against best practices, looking at toolkits that do exist, continually reevaluating, revising the protocols that you have, because this is such a constantly and very quickly evolving situation.

Ellen Kelsay:

I appreciate the honest answer. I think so many people are just so eager for the optimistic day when everybody is vaccinated and life feels a little bit like it used to and your point is so I think loud and clear that we still just don't know all that we need to know and that we will iterate and learn and refine the more we learn and that we can't take anything for granted. We need to not become complacent, even though more people might be getting vaccinated, even though cases might be declining, there are just so many things that we don't yet know and so we've got to continue and stay in the course and be diligent as we talked about earlier in the conversation. Thank you for outlining all of that.

One other thing I wanted to ask you about, and it is about the nonclinical aspects of COVID, the non-vaccine aspects of COVID, but that are very real and impactful in terms of an individual's readiness to return to work, and that's their psychological readiness. Do they feel safe? Are they concerned? Is there undue stress upon returning? As well as just other logistical challenges? Public transportation in many areas, perhaps may be an issue. Any other thoughts that you could offer in terms of returning to work that aren't necessarily related to the clinical aspects of the virus?

Leana Wen:

They are related issues. For example, speaking about the issue of vaccines, we also have to consider that vaccines are not yet developed for children. The reason why this is relevant is, let's say that you have employees who are already vaccinated themselves, but we don't know, again, whether you could be a carrier of coronavirus if you are vaccinated and people have children who are not yet vaccinated. These are people who probably may not feel safe returning to work, because they may be protected themselves, but they don't want to be coming to work potentially getting exposed and then affecting their young children at home either. I think that's a consideration. The consideration of schooling that we talked about is important too. It's very difficult for working parents to go back to work in person. It's probably easier for them to be supervising digital learning if they are at home also.

I think there is an additional question that employers have to consider, which is that of cumulative risk. This idea that risk is additive and that we in public health are advising the community that we need to be doing everything possible to reduce every aspect of risk. That means if somebody does not have to go to work, ideally they should not be going to work. If somebody does not have to be taking public transportation, as you mentioned, ideally they should not. Again, that's not to say that people shouldn't do it if they have to. Obviously, there are many workplaces that have been functioning the entire time because people have to be at work, but there's also a public health responsibility that I would just encourage employers to keep in mind too. I've likened this to a budget, if you will. Let's talk about a city budget. The city or state only has a fixed budget that they can spend. If they choose to spend that budget on policing and schools, maybe they have less budget when it comes to health and sanitation and so forth. There's a fixed budget. We can think about a coronavirus budget the same way. Especially with such contagious variants that are around, we only have limited numbers of things that a society can reopen. A business should think about if you are having people come back who do not need to be back in person, and these individuals are then also exposing their families and are on transportation, etc., what other things is your community around you having to give up as a result?

Is that then also in some way preventing in-person schooling from coming back, as an example. I'm not saying that all employers should keep their employees out of work forever, but rather if there are people who do not need to be back at work, might there be a case to be made that they should continue to work from home because it's not yet essential.

I hope that issue of cumulative risk is one that we all keep in mind. Also, one more thing about cumulative risk is that we know so much of the infection that's occurring is actually not in structured environments like work or school. So much of the infection is occurring in activities outside of work, in social settings. I would not want businesses to have to close only for people to be getting together for dinner in their own homes. I don't want schools to be out only for kids to be getting together for birthday parties and play dates. Something that employers, I think, can help to remind employees of too is that as much as you can be trying to keep safe in the workplace, actually the place that's even more likely for people to be infected are these informal settings, these game nights and dinner parties. So trying to keep safe in these other settings is really important too.

Ellen Kelsay:

You raised really so many great things there on the cumulative risk and this notion of the budget and even just the last thing I heard somebody use the analogy, you can put the fire out in the kitchen, but if the rest of the house is still on fire, you really haven't solved the problem. To your example of you can only do so much as an employer, but if the society and the lives that people live outside of work are still happening unabated, then you really haven't made much impact or you very have a little control over how you affect that as an employer. A lot at stake and certainly a lot to think about.

Dr. Wen, I'd like to ask you one last question and that is based on our discussion, is there one critical thing you wish that everyone knew about safely returning to work?

Leana Wen:

I would say that it is going to be possible for us to do this, but it is constantly evolving and we should continue to do everything we can to reduce our risk as much as possible. Reducing our risk certainly in the workplace, as well as reducing our risk outside of the workplace, and keeping in mind that we are really all in this together. If it's anything that this pandemic has shown us, it's that we go through the hard times together and the impact of risky behaviors together, but it's also up to all of us to get our economy back and to helping all of us and our families stay safe.

Ellen Kelsay:

On that note, Dr. Wen, thank you so much for joining us. I really appreciate your time and expertise and I know our audience does as well. Thank you.

Leana Wen:

Thank you.

Ellen Kelsay:

I've been speaking with Dr. Leana Wen, emergency physician and visiting professor of health policy and management at George Washington University's School of Public Health. You can hear more from Leana on the pandemic by following her on Twitter.

This podcast is produced by Business Group on Health with Connected Social Media. If you loved it, please do encourage your friends to listen in. The more the merrier and we encourage the word to get out, so please do share this.

I'm Ellen Kelsey, and this is a Business Group on Health podcast, conversations with experts on the most important health and well-being issues facing employers today.